



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
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BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, November 15, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of S.D. Medical Director
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander – NMCSD
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Programs

County Staff

Pate, R.N., Rebecca – EMS
Smith, Susan – EMS
Barbara – EMS

Recorder

Wolchko, Janet I.

In Attendance

Abbott, Stephen – North County Fire
Aker, Donna Kelly – UCSD ROC
Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Andrews, R.N., Donna – Mercy Air
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – AMR/RCCP
Connover, Willim K. – Camp Pendleton
Fire
Dotson, R.N., Melody – UCSD BHNC
Duffy, Jennifer – San Marcos/Escondido
Fire
Frick, Rob – REACH Air Med Service
Graham, Dan - SDCAA
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Hudnet, R.N., Carlen – Rural Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp Stepanski,
Grossmont
Kahn, Chris – UCSD
Klingensmith, Todd – S.D. Co. Paramedics
Association
Lawrence, Cade – UCSD
Lemire, Harold – S.D. Fire Department
Murphy, R.N., Mary – CSA-17 Fire Department

Neill, Mark – REACH Air Med Service
Ochs, R.N., Ginger – S.D. Fire Department
Parra, Frank – S.D. Co. CPAC
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Russo, R.N., Joe – Rural/Metro Ambulance
Seabloom, R.N., Lynne – Oceanside Fire
Snow, Carolyn – REACH Air Med Service
Sullivan, Don – AMR
Wells, R.N., Chris – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D. called the meeting to order at 11:01 am.

Dr. Haynes congratulated Dr. Madati on becoming a new father.

II. APPROVAL OF MINUTES

The BSPPC minutes of October 18, 2011 were approved as presented.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Offload Delays

Duty officers are available for contact when prolonged off load delays occur. The duty officer should be called after working with the hospital and if the situation has not been resolved. Please leave a contact number for the duty officer to contact you.

Capacity Plan

The Capacity taskforce has met to review the Capacity Plan. Minor changes have been made and the plan has been sent out to the hospitals for additional comment.

Influenza

There has been one reported flu case in the community. A few respiratory disease cases have been sited, but they are not flu related. Healthcare providers should be vaccinated to prevent them from passing it to patients. Last year hospitals reported that an average of 63 percent of healthcare workers in the County had been vaccinated, and both Children's and Balboa Hospitals reported that 96 percent of their healthcare workers were vaccinated. It is recommended that everyone over six months should receive the vaccine even if they were vaccinated the previous year.

Recent studies show that it is safe for people with egg allergies to receive the flu vaccine. If the patient has had a reaction with hives but can eat lightly cooked eggs, they can receive the vaccine. People with an anaphylactic reaction to eggs should not receive the vaccine.

Bypass

ALS transport numbers have been running the same. The number of patients who bypassed a requested hospital has gone down. Hospitals have made an effort to reduce their bypass time and the number of patients being bypassed.

Tale of our Cities

The “Tale of our Cities” Conference regarding terrorist attacks in cities around the world is meeting on December 12, 2011. Registration is available online.

Zofran

EMS sent out a letter on November 1, 2011 regarding Zofran which has been the subject of drug safety by the FDA. A small number of cases showed that the drug was associated with prolonged QT syndrome. The manufacturer is conducting a thorough study to assess the drug’s potential to cause prolonged QT syndrome.

Poison Control Center

The Poison Control Center is occasionally consulted by field personnel. Poison Control is required to follow up on these patients; patient identifying information should be provided.

Ryan White Act

The Federal Ryan White Act notification requirements have been renewed. The Ryan White Act is the notification that requires emergency response employees to report when they are exposed to a potential life threatening illness. The notification has reinstated the classes of illnesses that hospitals make to determine whether or not someone has been exposed. Changes to the list are with those who have been potentially exposed to needle sticks and splashes transmitted by contact or body fluid, transmission through aerosolized airborne means and aerosolized droplet, and bioterrorism agents. Hospitals have guidelines on making determinations if the emergency employee was in fact exposed.

EMS Regulations

Comments were received on the new proposed paramedic regulations and the Advanced Emergency Medical Technician regulations. They will be releasing proposed regulations for EMS Children systems and STEMI and stroke system regulations.

Opioid Pain Relievers

Opioid pain relievers (OPRs) are associated with more deaths than heroin and cocaine combined. The number of OPR overdoses has tripled in the last ten years due to prescription drug abuse. Solutions are aimed at identifying inappropriate use of OPRs and limiting prescribing by one practitioner. The Emergency Medical Oversight Committee (EMOC) has a suggested guideline for physicians and emergency rooms in prescribing narcotics.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

November 17, 2011 is the Statewide Medical Healthcare Exercise with a water shortage scenario. A reminder was given for participants to complete the pre-assessment form relevant to water disruption.

There is a telephone conference on November 30, 2011 that will have hospital stories of the Joplin tornado and hospital evacuations. Ms. Rosenberg will forward the link to those who are interested.

V. ROC UPDATE (Donna Aker for Dan Davis, M.D.)

Preparation is being made for the ALPS trial that will begin in January. The plan is currently with UCSD IRB pending approval.

VI. STROKE REPORT (Barbara Stepanski)

Case data from 15 stroke centers were received quarterly from January through December 2010; data from 16 stroke centers was collected for 2011. In 2010, 4,935 cases were submitted. The majority of the cases were: ischemic stroke, 69 percent; transient ischemic attacks (TIAs), 15 percent; intracerebral bleeds (ICBs), 11 percent; and subarachnoid bleeds, five percent.

Fifty-two percent of the patients arrived by EMS, 38 percent were walk-ins and 10 percent were interfacility transfers (IFTs). The largest percent of the patients were age 80 and older. Gender distribution was even. Forty-four percent of the patients were discharged home, 19 percent were discharged to a Skilled Nursing Facility (SNF) or a Medicare certified skill center, and 11 percent were discharged to a rehabilitation facility.

Forty percent of the EMS transported patients arrived in 4 hours or less from symptom onset. Out of those patients, 27 percent received intravenous tissue plasminogen activator (tPA). Among the tPA recipients, 32 percent received tPA in 60 minutes or less.

Discussion ensued on discharge distribution, time element data with tPA, stroke center outcomes, mode of arrival data and how many hospitals activate a stroke team to the emergency department.

VII. STEMI REPORT (Barbara Stepanski)

Data was collected by the STEMI centers from 2007 through the first quarter of 2011 on a total of 4,101 cases. The majority of the patients arrived by 911, 78 percent of those were prehospital activations. False positive EKGs per quarter were 17.7 percent.

Prehospital 12 lead to device time data collected in the first quarter of 2011 included 59 activated and non activated cases.

Data was presented on activated, non-activated and walk-ins for door to SRC 12 lead time, cardiac cath lab and percutaneous coronary intervention, and percent of prehospital activations. Median door-to-balloon time overall 60 minutes for PH activated cases. A request was made for more detail on deaths, age and reason.

VIII. RESOURCE ACCESS PROGRAM (Jim Dunford, M.D.)

Training

City medic training information includes trauma, airway, and Cardiac Arrest Registry to Enhance Survival (CARES) data. Medic STEMI training includes the difference between an inferior wall MI and an anterior wall MI, and where to look.

Beacon Project

The Beacon Project Health Information Exchange (HIE) is a technical way to share information and image exchange between hospitals, clinics and paramedics. The information can be sent by email via a cell phone to the physician prior to the patient arrival at the hospital.

Resource Access Program

In 2008, the Resource Access Program (RAP) pilot was started and included 51 frequent user clients. Information was collected from 2006 to 2009 for the 51 clients on the effects of RAP concerning miles driven and hours of service saved. A proposal would use EMS as a liaison to connect people to social services for a community service exchange.

First Watch System

The First Watch System is used by both the County and City. It can track epidemic patterns. This system could be used to monitor ambulances that are used more than 30 minutes and also used with patients and patient populations.

IX. RESTRAINT POLICY

Dr. Haynes requested input from the committee members regarding the restraint policy and wording of the protocol that prohibits the prone position. A suggestion for wording would be to add “avoid the prone position, if possible or preferred not prone.” Other protocols reference reassuring the patient, enlisting their cooperation and possibly using the supine position. Discussion continued on the use of zip tie restraints, hard restraints, and the protection and safety for the patient and field personnel. Dr. Dunford showed a video of an excited delirium case and the use of restraint.

X. ITEMS FOR FUTURE DISCUSSION

Topics for metrics and measuring.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting will be January 17, 2012, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:32 p.m.